

SK05217R0008 / KAN FOOK SING MOTOR WORKSHOP (417883)  
ENTRY DATE & TIME: 29/07/2021 18:29 (SGT)  
SUBMITTED BY: Lynn Lee  
VERSION: 1 (29/07/2021 18:29 (SGT))

Your NCD will be affected due to late reporting

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	29/07/2021 18:29 (SGT)
Date of Accident	22/07/2021 09:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVENUE 7
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH75A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BENG SOON MACHINERY SERVICES (S) PTE LTD
Company Reg No	1XXXXX151D
Email Address	KARINE.TANG@BSM.COM.SG
Mobile Phone No	(Phone) +65-98471818
Alternative Phone No	(Office) +65-62881280

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300326844 MCY
Cover Note Number	-

### DRIVER

Name of Driver	CHARMAINE GOH WEE JIUN
NRIC No	SXXXX423J

 Accident report SK05217R0008

Date Of Birth	09/01/1996
Occupation	Indoor
Date Of Driving Pass	24/04/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93267251
Alt. Phone Number	-
Email Address	CHARMAINEGWJ@HOTMAIL.COM
Address	APT BLK 346 CHOA CHU KANG LOOP #13-69
Address complement	-
Postcode	680346
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

## OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any Injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

## DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT ATTACHED

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH SG ROAD VIGILANTE
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG994X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person	CHARMAINE GOH WEE JIUN
Address	BLK 345 CHOA CHU KANG LOOP #13-69
Address Complement	-
Post Code	680346
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH75A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date &amp; Time: 20/8/21 11:11am

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 20/8/21 11:11am

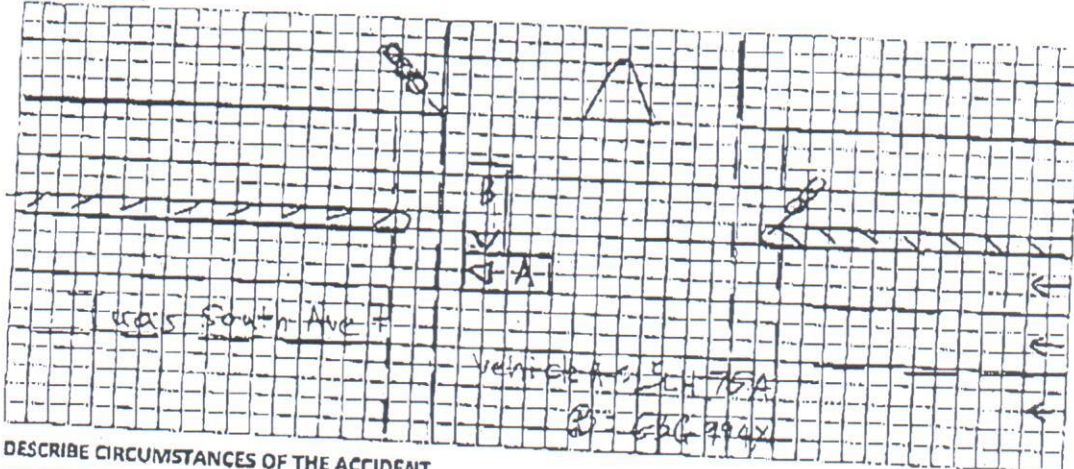
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer Police Report*

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 28/7/21, 11am

GRMC Sketch/Report Form V.1

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 28/7/21, 11am

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:



**SINGAPORE  
POLICE FORCE**



T/20210723/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210723/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/07/2021 12:08		Vide Report No.: J/20210722/0038		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHARMAINE GOH WEE JIUN			Address: 346 CHOA CHU KANG LOOP #13-69 SINGAPORE 680346		
ID Type / ID No.: NRIC NO / S9600423J			Contact No.: Home/Office: Mobile: 93267251		
Nationality: SINGAPORE CITIZEN			Email: CHARMAINEGWJ@HOTMAIL.COM		
Sex: Female	Age: 25	Date of Birth: 09/01/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2021 09:46	Type of Location: X-Junction
Location: TUAS SOUTH AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Plate No.	Vehicle Type	Make	Model	Color	Condition	No. of
SLH75A	Car	TOYOTA	Vios	Silver	Totally Damaged	0
	Van			Grey	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210723/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210723/7013

## CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Policy No.	Expiry Date
SLH75A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A 300326844 MCY	27/06/2021 26/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHARMAINE GOH WEE JIUN	ID No.	S9600423J
Related Vehicle	SLH75A (Car)	Contact No.	93267251
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/07/2021	Date	22/07/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

A van beat the red light at the cross junction and hit me by the driver side of my vehicle. I was in the right of the way. There was a video upload online of the crash on SG Road Vigilante.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210723/7013

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Report No. T/20210723/7013

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Authentication Stamp  
NP188

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/07/2021 12:08

Classification Of Case: